

AMENDED IN ASSEMBLY MARCH 19, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 174

Introduced by Assembly Member Bonta

January 24, 2013

An act to add Section 124174.7 to the Health and Safety Code, relating to ~~weapons~~ public health.

LEGISLATIVE COUNSEL'S DIGEST

AB 174, as amended, Bonta. ~~Weapons: grandfather clauses. Public school health centers.~~

Existing law establishes the Public School Health Center Support Program, pursuant to which the State Department of Public Health, in collaboration with the State Department of Education, provides, among other duties, technical assistance to school health centers on effective outreach and enrollment strategies to identify children who are eligible for, but not enrolled in, the Medi-Cal program, the Healthy Families Program, or any other applicable program and provides technical assistance to facilitate and encourage the establishment, retention, or expansion of school health centers, among other duties.

This bill would require the State Department of Public Health to establish a grant program within the Public School Health Center Support Program that would be known as Promoting Resilience: Offering Mental Health Interventions to Support Education (PROMISE). The program would provide resources to eligible applicants, including local education agencies, nonprofit organizations, and community health centers, to fund activities and services to directly address the mental health and related needs of students who are impacted by trauma, as specified. The bill would require the department to implement these

provisions only to the extent that funding is made available, upon appropriation by the Legislature, for these purposes from public and private sources, as specified. The bill would also include legislative findings and declarations.

~~Existing law prohibits the possession of various weapons. Under existing law, certain of these bans exempted from their scope weapons that were possessed prior to the ban, if prescribed conditions met, are authorized.~~

~~This bill would declare the intent of the Legislature to subsequently amend this bill to include provisions that would end all of those exemptions.~~

Vote: majority. Appropriation: no. Fiscal committee: ~~no~~ yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. (a) Trauma has serious short- and long-term
2 consequences for health, educational achievement, and well-being.
3 Trauma has been defined as experiences or situations that are
4 emotionally painful and distressing, and that overwhelm an
5 individual's ability to cope, and as chronic adversity, including,
6 but not limited to, discrimination, racism, oppression, and poverty.
7 (b) Children and youth who are neglected or abused, or who
8 feel unsafe in their homes, schools, or communities, experience
9 trauma that can have lasting negative impacts.
10 (c) Children and youth in low-income neighborhoods are
11 disproportionately impacted by trauma, including, but not limited
12 to, violence. For example, 20 percent of California children with
13 family incomes below \$25,000 feel somewhat unsafe or very unsafe
14 in their neighborhoods, versus just 2 percent of California children
15 with family incomes above \$125,000.
16 (d) Children and youth of color are disproportionately impacted
17 by violence. Compared to Caucasians, African American children
18 and youth are three times more likely, and Latino children and
19 youth are two times more likely, to be exposed to shootings, bombs,
20 and riots.
21 (e) Boys and young men of color are particularly likely to be
22 impacted by trauma. For example, compared to rates among
23 Caucasians, boys and young men of color have more than twice
24 the risk of witnessing domestic violence, being abused and

1 *neglected, or having an incarcerated parent. Homicide is the*
2 *leading cause of death among male African American adolescents,*
3 *occurring at a rate 15 times greater than among Caucasians.*

4 *(f) The likelihood of boys and young men suffering from*
5 *post-traumatic stress disorder is two and one-half times greater*
6 *among African American boys and young men and four and*
7 *one-tenth times greater among Latino boys and young men, as*
8 *compared to among Caucasians.*

9 *(g) Mental health services can have a positive and significant*
10 *impact on life outcomes for children and adolescents impacted by*
11 *trauma.*

12 *(h) However, of the almost 13 percent of adolescents who report*
13 *needing help for emotional or mental health problems, over 60*
14 *percent do not receive counseling. Among adolescents living below*
15 *the poverty line, 92 percent of those who report needing help for*
16 *emotional or mental health problems did not receive counseling*
17 *in the past year. The percentage of adolescents who report needing*
18 *help for emotional or mental health problems is widely assumed*
19 *to be less than the percentage who would benefit from these*
20 *services.*

21 *(i) Adolescents are less likely than almost all other age groups*
22 *to have a usual source of health care. Male adolescents, and*
23 *particularly male adolescents of color, are even less likely to have*
24 *a usual place to go when they are sick or need health advice.*

25 *(j) California's 200 school health centers are predominantly*
26 *located in low-income communities, where students are*
27 *disproportionately impacted by trauma. For example, 80 percent*
28 *of school health center clients seen in the County of Alameda in*
29 *the 2010–11 school year had witnessed violence or been a victim*
30 *of violence during their lifetime.*

31 *(k) Among adolescents in managed care plans, those with access*
32 *to a school health center are 10 times more likely to access mental*
33 *health or substance abuse services than those without access to a*
34 *school health center.*

35 *(l) School health centers see higher proportions of adolescent*
36 *males than other care settings, including community clinics or*
37 *private practices.*

38 *(m) Research shows that students receiving mental health*
39 *services at school health centers have significant improvements*
40 *in their presenting problems and that school-based mental health*

1 *services can be more efficacious than those provided in community*
2 *settings.*

3 *(n) School-based mental health programs focused specifically*
4 *on trauma have been shown to reduce post-traumatic stress*
5 *disorder, depression, and psychosocial dysfunction.*

6 *(o) Schools and school health centers do not currently have*
7 *access to sufficient funding to reach more than a fraction of the*
8 *students impacted by trauma and who would benefit from mental*
9 *health services. The many barriers to securing sufficient funding*
10 *include, but are not limited to, high proportions of uninsured*
11 *students and restrictions on the services that are reimbursable*
12 *through programs such as the California Victim Compensation*
13 *Program (CalVCP) and Medi-Cal.*

14 *(p) The Early and Periodic Screening, Diagnosis and Treatment*
15 *(EPSDT) Program, a Medi-Cal program that is a major source*
16 *of funding for school-based mental health services, excludes many*
17 *of the young people who need its services. Barriers include, but*
18 *are not limited to, Medi-Cal eligibility, low provider participation,*
19 *restrictive diagnostic and medical necessity criteria, and the*
20 *requirement that a parent or guardian consent for services.*

21 *SEC. 2. Section 124174.7 is added to the Health and Safety*
22 *Code, to read:*

23 *124174.7. (a) The State Department of Public Health shall*
24 *establish a grant program within the Public School Health Center*
25 *Support Program to fund activities and services to directly address*
26 *the mental health and related needs of students who are impacted*
27 *by trauma. This grant program shall be named Promoting*
28 *Resilience: Offering Mental Health Interventions to Support*
29 *Education (PROMISE).*

30 *(b) Grant funds shall be used according to the following*
31 *requirements:*

32 *(1) Grant funds shall be used by eligible applicants to directly*
33 *address the mental health and related needs of students who are*
34 *impacted by trauma.*

35 *(2) Grant funds may be used for the following activities and*
36 *services:*

37 *(A) Individual, family, and group counseling.*

38 *(B) Targeted outreach and education.*

39 *(C) Risk screening, triage, and referral to campus-based*
40 *services.*

1 (D) Schoolwide violence prevention and response efforts.

2 (E) Youth development programming related to trauma and
3 violence.

4 (F) Crisis response coordination and services.

5 (G) Case management services.

6 (H) Coordination with off-campus mental health and support
7 services.

8 (I) Staff training and consultation on supporting students'
9 trauma-related needs.

10 (J) Oversight, coordination, and evaluation of the above
11 activities and services.

12 (3) Individual, family, and group counseling funded by a grant
13 awarded pursuant to this section may be provided by any of the
14 following:

15 (A) A mental health clinician licensed by the Board of
16 Behavioral Sciences, including a licensed marriage and family
17 therapist, a licensed clinical social worker, or a licensed
18 educational psychologist.

19 (B) A clinical psychologist licensed by the Board of Psychology.

20 (C) A psychiatric nurse practitioner licensed by the Board of
21 Registered Nursing.

22 (D) A psychiatrist licensed by the Medical Board of California.

23 (E) A school social worker credentialed by the State of
24 California.

25 (F) An unlicensed mental health professional who is registered
26 by either the Board of Behavioral Sciences or the Board of
27 Psychology, and who is receiving clinical supervision as prescribed
28 by that entity.

29 (4) Other activities and services, including schoolwide violence
30 prevention efforts, shall be provided or overseen by a mental health
31 professional as described in subparagraphs (A) through (F),
32 inclusive, of paragraph (3).

33 (c) Grant funds shall be awarded according to the following
34 requirements.

35 (1) Eligible applicants shall include:

36 (A) Local education agencies.

37 (B) Nonprofit organizations.

38 (C) Community health centers.

39 (D) County mental health departments.

40 (2) Grant applications shall comply with all of the following:

1 (A) Applicants shall describe their program to address the
2 mental health and other related needs of students who are impacted
3 by trauma, and to foster a positive school climate. At a minimum,
4 the program described in the application shall include:

5 (i) Individual, family, and group counseling.

6 (ii) Youth development programming related to trauma and
7 violence.

8 (iii) Schoolwide violence prevention and response efforts,
9 including, at a minimum, training for staff on trauma and their
10 roles in preventing and responding to it.

11 (iv) Coordination between school-based and community
12 services.

13 (v) A discussion of any components of the program for which
14 funding does not yet exist or is currently insufficient and for which
15 they are seeking grant funding.

16 (B) Demonstrate the applicant's ability to provide a dedicated
17 space located on the school campus that will serve as the hub of
18 the program, that will be youth friendly, and, for middle and high
19 schools, that will be regularly accessible to students on a drop-in
20 basis.

21 (C) Provide evidence of a strong partnership and commitment
22 to collaboration between the school and any agencies or
23 organizations that will provide mental health, medical, or other
24 related services on the school campus, whether funded by this
25 grant or another funding source. Specific mechanisms by which
26 applicants shall provide this evidence shall be detailed in the
27 request for applications, but may include letters of agreement or
28 support, memoranda of understanding, or draft, signed
29 subcontracts.

30 (3) Priority for awarding a grant shall be given to eligible
31 applicants that demonstrate all of the following:

32 (A) High levels of exposure to trauma and violence among the
33 target population.

34 (B) Limited access to mental health services among the target
35 population.

36 (C) An ability to meet the cultural and linguistic needs of the
37 target population.

38 (D) An ability to engage and serve subgroups of students within
39 the target population who are disproportionately impacted by
40 trauma and violence.

1 (E) A plan to hire staff with similar backgrounds and
2 experiences to the target population and who can therefore
3 enhance program impact.

4 (F) A plan to obtain additional sources of funding or third-party
5 reimbursement to create a robust and sustainable school-based
6 mental health program.

7 (G) A plan to integrate mental health and related services with
8 primary medical care.

9 (d) An eligible applicant that receives grant funds shall commit
10 to all of the following:

11 (1) Establish a written memorandum of understanding (MOU)
12 between the school, the school district, and other agencies or
13 organizations providing grant-funded mental health, medical, or
14 other related services, in an effort to develop a strong collaborative
15 partnership between involved entities.

16 (A) The collaborative partnership shall do all of the following:

17 (i) Include local education agency-employed personnel,
18 including school administrators, teachers, and staff, and any school
19 health personnel, including school nurses or social workers.

20 (ii) Include personnel employed by other agencies or
21 organizations, including community health centers, who provide
22 relevant services on campus.

23 (iii) Establish and implement regular communication protocols
24 between the school and agencies or organizations.

25 (iv) Engage all relevant personnel in identifying students who
26 would benefit from mental health or other related services and
27 linking them to those services.

28 (v) Promote the integration of funded services into the overall
29 school environment.

30 (B) The MOU shall do both of the following:

31 (i) Describe how services are coordinated on the campus and
32 how services will be integrated into the overall school environment.

33 (ii) Ensure the confidentiality and privacy of both education
34 and health information, consistent with applicable federal and
35 state laws.

36 (2) Make services available to all students in the school,
37 regardless of ability to pay.

38 (3) Submit an annual report, including a discussion of all of the
39 following:

40 (A) The activities and services funded through the grant award.

1 (B) *The number of students served through specific activities*
2 *and services.*

3 (C) *The roles and credentials of personnel funded through the*
4 *grant award.*

5 (D) *Any additional funding sources that are available to enhance*
6 *or sustain activities and services. To the extent possible, grant*
7 *reporting requirements shall be consistent with those required by*
8 *other funding mechanisms that support the program.*

9 (e) *The department shall implement this section only to the*
10 *extent that funding is made available, upon appropriation by the*
11 *Legislature, from the following sources:*

12 (1) *From funding made available through public sources, to*
13 *the extent permitted by law, including, but not limited to, the Early*
14 *and Periodic Screening, Diagnosis, and Treatment Program and*
15 *local education agency Medi-Cal billing.*

16 (2) *From private resources, including in-kind assistance, federal*
17 *funding, and foundation support for the operation and distribution*
18 *of grants for this program.*

19 ~~SECTION 1. Under current law, certain banned weapons are~~
20 ~~permitted under various “grandfathering in” clauses. It is the intent~~
21 ~~of the Legislature to subsequently amend this measure to include~~
22 ~~provisions that would end all of those exemptions.~~